

Name of Person Filing: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
☐ Representing Self (No Attorney), or ☐ Represented by Attorney  
 If Attorney, Bar Number: \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of: \_\_\_\_\_

Case Number: \_\_\_\_\_

### APPLICATION FOR CHANGE OF NAME FOR AN ADULT

\_\_\_\_\_  
 Name of Applicant

### STATEMENTS TO THE COURT, UNDER OATH OR AFFIRMATION

**1. INFORMATION ABOUT ME, THE APPLICANT**

Name on Birth Certificate: or ☐ Current Legal Name:

First	Middle	Last

Date of Birth: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

**2. I ask that my name be changed to:**

First	Middle	Last

**3. ☐ I ask that the birth records be changed to reflect the new name listed above.**

**4. REASON FOR THIS REQUEST FOR CHANGE OF NAME**

I request that the name be changed as listed above for the following reason(s):

\_\_\_\_\_  
 \_\_\_\_\_

**5. ADDITIONAL STATEMENTS**

**A.** Has the applicant listed above been convicted of a felony? ☐ Yes ☐ No

**B.** This application is made solely for the best interest of the person named above. It will not release the person from any obligations incurred or harm any rights of property or action in any original name.

### OATH OR AFFIRMATION OF APPLICANT

**The contents of this document are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Sworn to or affirmed before me this date:

\_\_\_\_\_  
 My Commission expires

\_\_\_\_\_  
 Notary Public or Deputy Clerk